

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047232

Entity Name: RJC DEVELOPMENT, LLC

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

4045 NW 43RD ST
STE A
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

4045 NW 43RD ST
STE A
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 20-8848416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCKEY, JOHN
4045 NW 43RD ST
STE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMBERS, RON
Address: 524 FRONTIER ST
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM () Delete
Name: LUCKEY, JOHN
Address: 4045 NW 43RD ST STE A
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: LUCKEY, CAMERON
Address: 4045 NW 43RD ST STE A
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. JOHN LUCKEY

MGRM

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date